

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CORNERSTONE ELDERLY CARE (611049)

Address: 804 12TH STREET, MOSINEE, WI 54455

License Status: REGULAR

Licensed/Certified/Registered 02/01/1999

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0097126 **End Date:** 04/18/2006 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009560 Served 06/09/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(10)(a)1	PLAN OF CORRECTION		
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK		
83.21(4)(w)	SAFE ENVIRONMENT		

Survey ID: 0096149 **End Date:** 12/02/2005 **Type:** OTHER **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009498 Served 01/10/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(b)	QUALIFIED STAFF SHALL BE ON PREMISE	04/18/2006	Yes
83.21(4)(w)	SAFE ENVIRONMENT	04/18/2006	No
83.41(1)(a)2	BEDROOMS ENCLOSED BY WALLS AND DOORS	04/18/2006	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0095131 End Date: 05/25/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009426 Served 07/21/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	SUPERVISION AND MONITORING		
83.12(5)(b)3	INFORMATION ON BEHAVIOR PATTERNS		
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD		
83.21(4)(h)	PRIVACY		
83.21(4)(w)	SAFE ENVIRONMENT		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.33(2)(a)	SUPERVISION		
83.33(4)	CLIENT GROUP SPECIFIC SERVICES		
83.35(11)(a)	GARBAGE AND RUBBISH DISPOSAL		
83.35(5)(a)	FOOD STORAGE		
83.41(10)(a)	BUILDING MAINTENANCE		
83.41(5)(a)4	BATHROOMS SHALL PROVIDE PRIVACY		
83.53(3)(b)	SWING DOORS ONE HAND AND ONE MOTION		Variance

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 01/09/2006 SOD #10009498 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 07/20/2005 SOD #10009426 Appealed: Yes Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.12(5)(a)
FORFEITURE---83.12(5)(b)3
FORFEITURE---83.21(4)(m)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.41(10)(a)
FORFEITURE---ML-05-0182 83.33(2)(a) issued

Date: 06/11/2003 SOD #10005172 Appealed: No

Sanctions

OTHER SANCTION
FORFEITURE---50.065(23)(b)
FORFEITURE---83.33(2)(a)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 12/05/2005

Date Investigation Completed: 04/13/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	10009560
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	10009560

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.